

Knowledge of emergency room practices is key to assessing liability

“... the records can be scattered, illegible and full of perplexing medical jargon. Abbreviations can have multiple meanings and diagnostic test results are difficult to interpret.”

By Chris Rokosh



Management of a personal injury case may be influenced by the medical care provided to your client in a hospital emergency room (“E.R.”). As a legal nurse consultant, often called upon to analyse the events surrounding adverse outcomes in the E.R., I find knowledge of the usual practices in the E.R. essential in evaluating the medical records.

The expected “flow” of a patient in the E.R. involves assessment and examination by a triage nurse who will assign a triage category according to standardized guidelines. Triage allows for the sickest patients to be seen first and establishes reassessment time for patients waiting for medical treatment.

The patient will then be examined by a primary nurse who will conduct a more thorough assessment, followed by physician examination, medical procedures and diagnostic testing. Following diagnosis by the physician and necessary treatment, the patient may be admitted to hospital or discharged home.

For a multitude of reasons, emergency room visits do not always proceed as expected; waiting times, misdiagnosis, medication errors and medical procedures can contribute to your client’s injury. In the event of an adverse outcome, analysis of the medical issues begins with a careful review of the records generated in the E.R.

When you first receive the medical records, confirm that they are complete. A basic E.R. chart includes an admission record, nursing assessment and physician history, exam and treatment record. Ensure that lab, X-ray and consultation reports are included.

There may also be documentation related to medical procedures and events preceding hospital admission: police reports, ambulance records, doctors office notes, hospital discharge or nursing home incident reports. If the E.R.

visit did not occur on the same day as the injury, look for an indication for the delay in seeking treatment.

If waiting time in the E.R. is a contributory factor to the outcome, compare the time of admission to

the time of triage nursing assessment. Ascertain that the patient was triaged according to hospital guidelines. If your clients’ condition deteriorates in the waiting room, watch for evidence of

“uptriaging” to a more urgent status. Compare triage guidelines with the initial assessment times of the primary nurse and E.R. physician. Watch for a time lapse between when doctors’ orders are written and when they are carried out. Compare diagnostic testing times with reporting times. Compare reporting times with physician reassessment times.

Look for written evidence of nurse/physician communication. Look at staffing levels and patient census numbers for the day. Watch for continuity of care during staff shift changes and meal breaks.

If misdiagnosis or inadequate

treatment is a concern, compare the admission complaints against investigative procedures and physical examination. Look for evidence of physician consultation with other medical specialists, laboratory and diagnostic tests, follow-up appointments and patient discharge instructions. Confirm that nursing exams were performed according to hospital policy and that physician exams were thorough. Watch for the inclusion of information regarding pre-existing medical conditions that may affect the current diag-

see EMERGENCY p. 14



The McKellar Structured Settlement™

As sure as the sun will rise.

The only structure company with a legal department that reviews every settlement for tax compliance; with offices coast to coast and the ability to be at ten different mediations at once. *Now You’re Sure.*



www.mckellar.com

VANCOUVER
1-800-465-7878

EDMONTON
780-420-0897

GUELPH
1-800-265-8381

HALIFAX
1-800-565-0695

USA
1-800-265-2789